

**NC DIVISION MH/DD/SAS**  
**MAJORS PROGRAM**  
**(Managing Access for Juvenile Offender Resources and Services)**  
**2009/2010**

|   |                           |                  |               |
|---|---------------------------|------------------|---------------|
| <b>LME:</b>   | <b>Contract Provider:</b> | <b>Date:</b>     |               |
| <b>Control #:</b>   | <b>Admission Date:</b>    | <b>Record #:</b> |               |
| <b>Rating Codes: 0 = No 1 = Yes 9 = NA</b>  |                           |                  | <b>Rating</b> |
| 1. There is evidence of application for Medicaid/Health Choice.   |                           |                  |               |
| 2. There is evidence that this child has a principal or primary DSM IV-TR (and its successors) diagnosis of substance abuse or dependence.  |                           |                  |               |
| 3. There is evidence that a NC TOPPS was completed within the required timeframes:<br>a. Initial Assessment<br>b. 3 month update<br>c. 6 month update<br>d. 12 month update<br>e. every 6 months thereafter |                           | a.               |               |
|   |                           | b.               |               |
|   |                           | c.               |               |
|   |                           | d.               |               |
|   |                           | e.               |               |
| 4. There is evidence of a release of information signed by the child for sharing of information between the local juvenile court and the MAJORS Program.  |                           |                  |               |
| <b>COMMENTS:</b>  |                           |                  |               |
| <b>REVIEWER:</b>  |                           |                  |               |

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**MONITORING INSTRUCTIONS**

**Please ensure that all information at the top of the tool is complete. Admission Date is the date admitted to MAJORS Program.**

**IMPORTANT: DO NOT WRITE THE INDIVIDUAL'S NAME ON THE MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS. DOCUMENT PROVIDER RECORD # ONLY.**

**Question #1** Review applications, correspondence, receipts for purchased services, event tickets and / or progress notes to determine if attempts were made to access various funding, i.e., an application was made for Medicaid / Health Choice. Other evidence may include: if the individual was considered ineligible, did they sign a consent to bill insurance? If the family refused to apply, look for documentation indicating such.

**Question #2** Determine if there is evidence that the child has a principal or primary DSM IV-TR (and its successors) diagnosis of substance abuse or dependence.

**Question #3** The monitor will review each service record to determine if an NC TOPPS Initial Assessment was completed. The NC TOPPS Initial Assessment should be submitted within 30 days of the first date of service.

- Subsequent updates must be completed within 15 days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.
- A copy of the NC TOPPS Initial Assessment form should be found in the service record.
- The reviewer should determine when the initial assessment was started and calculate when the 3, 6, and 12 month updates were due (updates after 12 months are every 6 months).
  - ◆ 3 month update: 90 days following initial interview, plus or minus 2 weeks (76-104 days)
  - ◆ 6 month update: 180 days following initial interview, plus or minus 2 weeks (166-194 days)
  - ◆ 12 month update: 360 days following initial interview, plus or minus 2 weeks (346-374 days)
    - 6 month updates thereafter (18, 24, 30, etc. months)

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.

**Question #4** Determine if there is a signed release of information between the local juvenile court and the MAJORS Program to communicate regarding the individual's treatment services.